Michigan Catholic Conference

A Guide to Your Flexible Spending Account
Making the most of your money

What if you could make your earnings stretch further? A Flexible Spending Account (FSA) can help you do just that. Michigan Catholic Conference offers you an opportunity to participate in two FSA programs: A Healthcare FSA and a Dependent Care FSA. An FSA is a tax-effective, money-saving option that will help you pay for qualified healthcare expenses that aren’t covered by your medical plan, and for dependent care services necessary to enable you to work.

Here’s how an FSA works:

- **Eligible medical expenses.** Use pre-tax dollars to pay for eligible medical care expenses not reimbursed by a medical plan. All IRS code 213(d) expenses are eligible, including your deductible, coinsurance and copays, and expenses above usual and customary limits. Out-of-pocket expenses on prescription drugs, dental, vision, hearing and orthodontic care are eligible as well. Certain over-the-counter items may qualify, too.

- **Dependent care costs.** Pre-tax dollars can be set aside for day care type expenses for eligible children or adults. Expenses are eligible if they’re for the care of a person under age 13, or an older dependent who is unable to care for themselves. They must regularly spend at least eight hours a day in your home.

Maximize your savings potential

You will gain the most savings from your FSA if you plan carefully. When you enroll in an FSA, you designate in advance the amount of money you wish to have deducted from your salary and deposited into your FSA over the length of a year. To do this, you must estimate in advance the annual costs you want your FSA to cover.

If you underestimate, you will deplete your FSA before the end of the year, losing some of your tax-savings potential. If you overestimate and there is money left in your FSA at the end of the year, you may have to forfeit some of this money. Your employer allows you to carry over up to $500 of your Healthcare FSA.

Important note!

While it probably is not possible to precisely anticipate your eligible FSA costs, Meritain Health provides two calculation worksheets to help you: FSA Worksheet and Eligible Expenses Guide and Dependent Care FSA Determination. These worksheets are located in this kit, and include examples of eligible and ineligible expenses that can be applied towards your Healthcare and Dependent Care FSAs.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summary or schedule of benefits contained within the Plan. If any provision of these materials is inconsistent with the language of the Plan, the language of the Plan will govern. Meritain Health® is not an insurer or guarantor of benefits under the Plan.
Frequently Asked Questions About FSAs

If I have a question about my FSA, whom should I call?
You can contact Meritain Health’s Customer Service Team for help with claims questions, or for more information about your benefits. The phone number for Meritain Health Customer Service is 1.800.566.9305.

What is the maximum amount of money I can contribute each year?
The IRS allows a contribution of up to $2,700 towards the healthcare portion of your FSA. For dependent care, the IRS allows a contribution of up to $5,000 per calendar year, or $2,500 if you are married and filing separate tax returns.

What if I want to change my election mid-year?
IRS regulations do not allow you to stop, start or change your contributions at any time during the plan year UNLESS you experience a qualified change in status, such as a change in marital status, number of dependents or employment status. Keep in mind that the election change must be consistent with the event.

How do I file a claim?
Fill out a claim form and attach your healthcare and/or dependent care eligible supporting documentation. Claim forms are available inside this packet. If you need additional forms, contact Michigan Catholic Conference’s Benefits Team, or access and upload forms on your online Meritain Health member portal.

How often can I submit reimbursement requests?
Claims can be submitted at any time.

What if I still have money in my FSA at year’s end?
Your employer allows you to carry over up to $500 of your Healthcare FSA; however, a portion of your unused funds may be lost at the end of the plan year. There is no carryover provision for the dependent care FSA. Please review the FSA Reminders page within this kit, for the FSA claim filing deadline.

What if I terminate employment?
Reimbursement can only be requested on healthcare expenses incurred before the date of your termination. You will have 90 days following the date of termination to submit your FSA claims.

What if I have more expenses during the plan year than I have contributed at that time?
The annual amount you have elected for healthcare costs is available to you at the beginning of the plan year. The amount available for reimbursement for dependent care is limited to the balance in your account.
**FSA Reminders**

**Group number**
15410

**Plan year**
1/1/2020–12/31/2020

**FSA Reimbursement**
Claims are processed daily.

**Healthcare FSA maximum**
$2,700

**Dependent Care FSA maximum**
$5,000 per household or $2,500 per spouse if filing separate tax returns.

**Claim forms**
A completed claim form must accompany every claim. Claim forms can be obtained from your employer or downloaded on your online member portal.

**Claim submission**
Submit your FSA and/or DCA claims online or mail claim forms and attachments to:
Meritain Health
P.O. Box 30111
Lansing, MI 48909
Or fax to: 1.888.837.3725

**End of the year run-out**
- Healthcare and dependent care FSA claims can be submitted up until 3/31/2021. Dates of service must be within the plan year.

**Terminated employee filing deadline**
You will have 90 days following the date of termination to submit healthcare FSA claims incurred while eligible for coverage through Michigan Catholic Conference’s benefits. You will have 90 days following the date of termination to submit dependent care FSA claims.

**Election changes**
The IRS does not allow changes in your annual election unless you have a qualified change in status. You need to notify your employer within 30 days of any qualified status change.

**Viewing claims with the Meritain Health Member Portal**
For online claim status inquiry, log on to [https://account.meritain.com](https://account.meritain.com) by following the steps below.

**Returning Users**
- Go to [https://account.meritain.com](https://account.meritain.com).
- Click on log in.
- Enter username (or click forgot my username.)
- Enter password (or click forgot my password.)
- Once you have successfully logged in, click GO on the Flex/CDHP Accounts box to view FLEX/CDHP information.

**New Users**
- Go to [https://account.meritain.com](https://account.meritain.com).
- Click on Register.
- Enter group ID.
- Select Next.
- Enter member ID, first name, last name, date of birth and zip code.
- Select Next.
- Check Yes, I am and select Next.
- Create your own username and password.
- Once you have successfully logged in, click GO on the Flex/CDHP Accounts box to view FLEX/CDHP information.

**For additional plan information**
For additional plan information, refer to your Summary Plan Description (SPD), contact Michigan Catholic Conference’s employee benefits department, or contact Meritain Health’s FSA team at 1.800.566.9305.
Guidelines for Over-The-Counter (OTC) medications and supplies for FSAs

The Internal Revenue Service (IRS) allows FSA reimbursement for certain OTC items. To confirm whether or not an item is allowable before it’s purchased, you may contact Meritain Health toll-free at 1.800.566.9305 or visit www.irs.gov.

Important note: OTC items that contain a medication or drug are not eligible for reimbursement through your FSA without a doctor’s prescription. In other words, you must first obtain a prescription for any OTC medications or drugs in order to obtain reimbursement from your FSA, regardless of when the plan year ends. OTCs that do not contain medications or drugs will not require a prescription.

In order for the OTC medicine and/or drug to qualify as a prescription, there must be a written or electronic order that meets the legal requirements of a prescription in the state in which the medical expense is incurred. Also, that the prescription must be issued by an individual who is legally authorized to issue a prescription in that state.

How do I know which OTCs will require a prescription?

OTCs that will require a doctor’s prescription include, but are not limited to the following:

- Acid controllers
- Allergy and sinus
- Antibiotic products
- Anti-diarrheals
- Anti-gas
- Anti-itch and insect bite
- Antiparasitic treatments
- Aspirin, ibuprofen, pain relief
- Bandages that contain antibiotic ointment
- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Hemorrhoidal preps
- Laxatives
- Motion sickness
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies
- Baby rash ointments/creams
- Bandages that contain antibiotic ointment
- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Hemorrhoidal preps
- Laxatives
- Motion sickness
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies
- Baby rash ointments/creams

Here are some helpful tips

- If you have a prescription for an OTC medicine or drug, you may have to pay out of pocket at the point of sale and then submit a manual claim requesting reimbursement.
- You can continue to use your FSA funds to purchase OTC items that do not contain a medicine or drug (for example: bandages without antibiotic ointments, splints, cold/hot packs, rubbing alcohol, thermometers, etc.).
- Insulin may continue to be reimbursed with or without a prescription.
- You may only carry over up to $500 of FSA dollars, so remember to consider these OTC regulations when estimating the dollar amount you put in your FSA for the next plan year.
Direct Deposit For FSA Reimbursements

How the program works
When you submit an eligible claim for reimbursement, the Meritain Health claims office will process it and, if direct deposit is elected, Meritain Health will deposit the funds into your checking account instead of sending you a check in the mail. Later, you will receive an Explanation of Payment (EOP), giving you the full details of the reimbursement.

A $10 minimum reimbursement applies to all FSA claims, whether they are dispensed by check or direct deposit.

How to sign up for this program
As soon as possible, complete and return the setup form included to your human resources department. Along with the setup form, you will need to provide a copy of a voided check listing your account and bank routing (transit) numbers. There is no set up fee, and this is a one-time set up process. You will only need to repeat this process if your bank account information changes.

Tired of waiting to receive your FSA Explanation of Payment (EOP) in the mail?
Members with direct deposit can view FSA EOPs online. When your FSA claim is processed, you will receive an email notification that your FSA EOP is available to view when you log on to http://account.meritain.com. If you already have your email address loaded into the Meritain Health system, you will begin receiving FSA EOP notices automatically.

Want to receive your EOP via email?
Simply provide your email address to Meritain Health, and you’re on your way!

- When you elect direct deposit, simply note your email address on the direct deposit form.
- You can also contact Meritain Health and provide your email address that way. Call customer service at 1.800.566.9305.
FSA Reimbursement Made Easy!

The IRS requires proof that you received medical services before claims can be reimbursed by your Flexible Spending Account (FSA). Follow the guidelines below to receive prompt payment.

Guidelines for FSA reimbursement

Expenses if you don’t have automatic reimbursement, and other medical expenses
Submit a completed and signed FSA claim form with the following attachments:

A copy of your Explanation of Benefits (EOB)
• All claims must be submitted to your insurance company or healthcare plan before you request FSA reimbursement.
• Estimates for services that haven’t been received can’t be accepted.

Or eligible supporting documentation for copays
• Your office visit copay documentation must show the patient name, amount paid, provider name and the date of service.
• Your prescription drug copay documentation must show the name of the drug, amount paid, the date of purchase and the name of the patient.
• Credit card receipts, cancelled checks or cash register receipts can’t be accepted for copays.

Or for OTC items
• Itemized cash register receipts are acceptable for OTC items/supplies that do not contain a medicine or drug.
• If the OTC item contains a medicine or drug, you will need to submit a cash register receipt as well as a doctor’s prescription.
• A customer receipt issued by a pharmacy that identifies the name of the purchaser (or the name of the person to whom the prescription applies), the date and amount of the purchase, and an Rx number.

Or when you don’t have coverage
• An itemized statement from your healthcare provider if you don’t have insurance coverage (e.g., for dental or vision services).

If you have any questions, please contact the Meritain Health FSA department at 1.800.566.9305.

Important notes

Claim submission
Submit your FSA claims online or mail claim forms and attachments to:
Meritain Health
P.O. Box 30111
Lansing, MI 48909
Or fax to:
1.888.837.3725

Prescriptions for OTCs
In order to obtain FSA reimbursement for OTCs that contain a medicine or drug, you must first obtain a prescription from your doctor.

Make sure the OTC prescription includes the following:
• Patient name
• Name of the OTC item
• Date prescribed
  (the prescription will be valid for one year from this date)

Orthodontic care
With your first FSA claim, submit a copy of the following: the orthodontic contract or signed financial agreement, banding date, a signed FSA claim form, and proof of down payment. For future claims, you will only need to submit a signed FSA claim form along with proof of payment.
Get Reimbursed Quickly!

Want to manage your Flex/CDHP benefits from anywhere? There’s an app for that!

Now you can easily and securely access your benefit accounts, submit claims and upload eligible supporting documentation at any time. Using your smart phone or mobile device, you have quick access to common Flex/CDHP account tasks. And with an easy-to-use design, our app gives you a quick view of your financial and account information.

Get reimbursed quickly
Using the member portal app, you can quickly file your claim with eligible supporting documentation and request distribution from your Flex/CDHP account. You’ll be able to get the payment process started right from your phone, wherever you are—and get your money faster.

To get your temporary mobile app credentials:
2. Click the green Go button in the box titled Flex/CDHP Accounts to access the Flex/CDHP Portal.
3. Click the Download Mobile App message on the Flex/CDHP Portal home page to access your temporary mobile app credentials.
4. Use the temporary credentials to log into the mobile app, which can be downloaded from the App Store or Google Play.

Never lose a receipt again
With the member portal app, you can snap a photo of your documents to submit with a new claim, or add to an existing one. You’ll be able to capture a receipt the moment a transaction happens. That’s peace of mind with the touch of a button.

Check balances on the go
Wondering whether you can pay for an elective procedure or a mounting bill? You can quickly check your account to view your current balance—without waiting to get home to your computer. The app features summarized financial information and charts. Everything you need is right at your fingertips.

Stay up to speed
You have the ability to set your account up to send text notifications. For example, you will be alerted when a claim requires additional information. Plus, you’ll be alerted of claims that require receipts. So you can rest easy that when you need to take action, you won’t be left in the dark.

If you have any questions or need more information, we can help. Just call Meritain Health Customer Service at 1.800.566.9305.

Access the app from your smart phone or mobile device
The member portal app is available for iOS and Android™ processing systems, as well as mobile devices. This includes iPhone®, iPad®, iPod touch® and Android smart phones and tablets.
### FSA Worksheet and Eligible Expenses Guide

**Estimating your healthcare expenses**

The planning worksheet below can help you estimate your eligible healthcare expenses that may not be covered under your company’s group insurance plan. Remember, all eligible healthcare expenses for you, your spouse and your eligible dependents are reimbursable from your Healthcare FSA.

<table>
<thead>
<tr>
<th>Medical expenses</th>
<th>Estimated plan year expenses</th>
<th>Dental &amp; Vision expenses</th>
<th>Estimated plan year expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical copays</td>
<td>$</td>
<td>Dental copays</td>
<td>$</td>
</tr>
<tr>
<td>Lab fees</td>
<td>$</td>
<td>Dental deductibles</td>
<td>$</td>
</tr>
<tr>
<td>Physical exams</td>
<td>$</td>
<td>Dentures</td>
<td>$</td>
</tr>
<tr>
<td>Physician fees</td>
<td>$</td>
<td>Dental examinations</td>
<td>$</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$</td>
<td>Orthodontia</td>
<td>$</td>
</tr>
<tr>
<td>Acupuncture or chiropractic</td>
<td>$</td>
<td>Restorative work (crowns, caps, bridges)</td>
<td>$</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>$</td>
<td>Teeth cleaning</td>
<td>$</td>
</tr>
<tr>
<td>Immunization fees</td>
<td>$</td>
<td>Other dental expenses</td>
<td>$</td>
</tr>
<tr>
<td>Psychiatrist, psychologists, counseling*</td>
<td>$</td>
<td>Contact lens supplies</td>
<td>$</td>
</tr>
<tr>
<td>Other medical expenses</td>
<td>$</td>
<td>Vision copays</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vision deductibles</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eye examinations</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescription contact lenses</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prescription eyeglass or sunglasses</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other vision expenses</td>
<td>$</td>
</tr>
<tr>
<td>Total column 1</td>
<td>$</td>
<td>Total column 2</td>
<td>$</td>
</tr>
</tbody>
</table>

\[\text{Column 1 (}$ \) + \text{Column 2 (}$ \) = \text{Total estimated expense} \]

* Allowed for treatment of physical or mental disorder (e.g., depression, alcohol or drug treatment). A diagnosis is necessary for reimbursement.

**Examples of costs your Healthcare FSA may cover**

- Copays, deductibles, and out-of-pocket costs
- Acupuncture as a treatment
- Certain alcoholism and drug addiction treatment costs
- Artificial teeth or dentures
- Braille books for visually impaired
- Hypnosis to treat illness
- Certain residential improvements to accommodate the disabled
- Eye examinations, contact lenses (including cleaning and maintenance supplies) and eyeglasses
- Guide dogs for sight or hearing impaired persons
- Car controls for disabled drivers
- Lead-based paint removal
- Learning disability tuition/therapy
- Psychological or psychiatric care
- Nursing home expenses
- Certain medical transportation
Intentionally left blank
### Flexible Spending Account (FSA)

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Name of Provider (e.g., physician, hospital, dentist, pharmacy)</th>
<th>Type of Service (e.g., copay, Rx, ortho)</th>
<th>Name of Patient</th>
<th>Amount of Expense</th>
<th>Was this service covered by any insurance plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td>Y / N</td>
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<td>Y / N</td>
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<td></td>
<td></td>
<td>$</td>
<td>Y / N</td>
</tr>
</tbody>
</table>

Total amount requested from your FSA: $  

If more space is needed, list additional requests on a separate page. Please include all requests in the total. 
A minimum request amount (as established in your plan document) may need to be met before a claim can be paid.

### Dependent Care Account (DCA)

<table>
<thead>
<tr>
<th>Name of Day Care Provider</th>
<th>Dates of Service From</th>
<th>To</th>
<th>Dependent’s Name</th>
<th>Date of Birth</th>
<th>Amount of Expense</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>$</td>
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<td></td>
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<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Total amount requested from your DCA: $  

Provider Signature: ___________________________________________  Provider SSN# or Tax ID: ____________________________  
Signature not required if signed receipt or Day Care Center statement is attached. Altered receipts cannot be accepted.

I certify that I have actually incurred these eligible expenses. I understand that expense incurred means that the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse’s income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature: ___________________________________________  Date: ____________________________
**Guidelines for Reimbursement**

**NOTE:** Incomplete or illegible submission may result in processing delays. Be sure to include all necessary information, and sign and date the form. Please make copies for your records, as these documents will not be returned. If you fax your claim, keep the original.

**Health Flexible Spending Account**
- Attach a copy of the Explanation of Benefits (EOB) for each submission. All claims **MUST** be submitted to your insurance company prior to request for reimbursement. **Estimates for services that have not yet been incurred cannot be accepted.**
  - OR
  - Submit a paid receipt for your copays. **Credit card receipts, canceled checks, or cash register receipts cannot be accepted for copays. Itemized cash register receipts are acceptable for over-the-counter (OTC) items/supplies that do not contain a medicine or drug. If the OTC item does contain a medicine or drug, you will need to submit a cash register receipt as well as a doctor’s prescription.**
  - OR
  - If you do not have insurance coverage, submit an itemized statement from the provider showing the provider’s name and address, patient name, date of service and description of service and amount charged. Additionally, prescription expenses must include the drug name or number. **Balance forward or paid on account statements cannot be accepted.**
  - Orthodontic reimbursement: For the first request, submit a copy of the Service Agreement or contract itemizing the treatment period, down payment, monthly payment, banding date and amount covered by insurance, if any. For subsequent claims, submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement.

**Dependent Care Reimbursement Account**
- Expenses submitted must have been incurred for the care of a “qualifying individual” for the purpose to be gainfully employed.
- A qualifying individual is (i) a dependent of yours under age 13, (ii) a dependent of yours (or your spouse) who is incapable of caring for himself/herself.

**Medical and Dental Expenses Generally Eligible for Reimbursement**
(Source: IRS Tax Publication 502)

**You Should Claim**
- Fees for health services or supplies provided by physicians, surgeons, dentists, ophthalmologists, optometrists, chiropractors, podiatrists, psychologists, or Christian Science practitioners.
- Acupuncture.
- Fees for hospital, ambulance, laboratory, surgical, obstetrical, diagnostic, dental and X-ray services.
- Costs incurred, including room and board, during treatment for alcohol or drug addiction at a hospital or treatment center.
- Special equipment, such as wheelchairs, special handicapped automotive controls, and special phone equipment for the deaf.
- Special items, such as dentures, contact lenses, eyeglasses, hearing aids, crutches, artificial limbs and guide dogs for the vision or hearing impaired.
- Transportation for needed medical therapy.
- Nursing services.
- Rehabilitation expenses.

**You Should NOT Claim**
- Any items which will be paid for by insurance or for which you are reimbursed by insurance or any other health plan.
- Bottled water.
- Health club dues.
- Any illegal operation or treatment.
- Programs to control weight (unless the program is undertaken at a physician’s direction to treat an existing illness, including obesity).
- Elective cosmetic surgery.
- Medical insurance premiums paid outside of your company by you or your spouse at his or her place of employment.
- Nursing care for a normal, healthy baby.
- Maternity clothes.
- Burial expenses.
# Direct Deposit Authorization Form

To be reimbursed directly into your bank account, please complete this form and mail it to the address on the right.

## Type of Request
- [ ] New
- [ ] Change
- [ ] Cancellation

### Employee Information
- **Employer:**
- **Employee ID:**
- **Name:** (last, first, initial)
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Home Phone:**
- **Work Phone:**

### Financial Information
- **Name(s) on the account:**
- **Bank or Financial Institution:**
- **Address:**
- **City:**
- **State:**
- **Zip Code:**
- **Routing/Transit Number:**
- **Account Number:**

### Voided check (for checking account) or deposit slip (for savings account*)

*This is required*

**Please place directly below**

### Terms and Conditions

1. You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, the form must be signed by both parties. Once your form is received by Meritain Health, there may be up to a 7-10 business day time period before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.

2. In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).

3. You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. Please verify that the deposit has been made into your account before attempting to withdraw funds.

4. It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the new information, and check the change box. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you will receive checks for any reimbursement claims paid.

5. You may cancel direct deposit at any time by completing this form and checking the cancellation box. This will take effect as soon as the form is received and processed by Meritain Health.

6. If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.

7. Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.

8. Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.

Questions? Please call Meritain Health at 1.800.566.9305.

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* If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.

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### Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my Health Reimbursement Arrangement or Flexible Spending Account reimbursements to be sent to the financial institution and account designated above. This authorization is to remain in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

**Employee Signature:**

**Joint Account Holder’s Signature:**

**Date:**

**Date:**

*Note: Any joint account holder MUST sign this form in order to be reimbursed.*
Intentionally left blank
Not all services are covered. See plan documents for a complete description of benefits, exclusions and limitations of coverage. Providers are independent contractors and are not agents of Meritain Health. Provider participation may change without notice. Meritain Health and Aetna do not provide care or guarantee access to health services.